

I am a hospice nurse of 25 years, a mother of a child disabled with a traumatic brain injury, and a caregiver of two elderly parents and a mother in-law. Within the last few years, I have also had the privilege and the heartbreak of caring for my father in law, who died after a long illness. It is from these perspectives, and from the perspective of someone who helped lead the campaigns in opposition to assisted suicide in Washington State in both 1991 and 2008 that I exhort Montana legislators to pass Senate Bill Number 116, the Elder Abuse Prevention Act.

First, I can attest personally as to the powerful impact assisted suicide has on an elderly ill person and his family. When my father in law Jack was seriously ill with pulmonary disease and cancer, one of his health care professionals brought up the issue of assisted suicide. She thought, I think, that she was simply having a discussion around the issue itself. But, because the option of doctor prescribed death comes at a time of great vulnerability in a person's life, he thought she was suggesting he actually commit assisted suicide. He felt pressure to choose death because he thought she was telling him he was a burden to us.

During the most confusing time in a person's life, a time of illness, aging, or disability, we are all uniquely vulnerable, just as Jack was. Eventually, thankfully, we were able to convince Jack that he was no burden but a blessing, that his care was an honor and a privilege, that though we couldn't make him better, we appreciated that he allowed us to care for him, to journey with him, to comfort him, to love him in the details of daily life—no matter what time he had left. We're lucky, in fact, that he actually shared his fears with us: as a hospice nurse, I know many ill family members do not.

We're lucky in another way as well: You see, the doctors weren't right about Jack's prognosis. He lived for many more precious months than they'd predicted. For our family, it turned out exceedingly well, with my mother in law stating that those extra months, the months after Jack considered but rejected assisted suicide, were the best months of their 60 years of married life.

As a hospice nurse, I know that about one fourth of the patient's I admit as certifiably terminally ill will be discharged or graduated from hospice because they no longer meet hospice criteria for terminal illness. This is great news for them—that they no longer need or qualify for hospice services because of a mistaken prognosis. But I can't help but wonder: what of those who have prematurely died of assisted suicide? What of people like Jack who make an assisted suicide request because of subtle pressure or coercion, because they are trying to avoid being a burden, or because of a mistaken diagnosis or prognosis?

Our seniors are at risk, as are people with disabilities. I think we need to uphold the legal rights that protect these vulnerable individuals from the abuse of being persuaded into premature death. Fortunately for Jack, he had a loving family. But not everyone is blessed with loved ones like this. The sad truth is that sometimes even family members treat one another wrongly. Even family members, friends, or caregivers can be wrongly motivated by greed or spite. Therein is the problem with the Montana Supreme Court's Baxter Opinion: by exempting physicians from the homicide statute, it legitimizes a kind of elder abuse. One wonders, how many will their lives from this kind of pressure unless Senator Hinkle's Elder Abuse Prevention Act is passed?

Though I bring powerful personal feelings to this issue, it is in my professional context as the President of *True Compassion Advocates* that I feel compelled, too, to speak to Senator Hinkle's Bill. You see, since the so-called Death with Dignity Act passed in Washington in 2008, the calls to our office keep coming. Friends and family of ill persons are concerned. Neighbors and co-workers of elders worry. Health care professionals express dismay. Story after story reveals a disturbing pattern: seniors, ill people, and those with disabilities are victims, not only of poorly delivered health care, but of assisted suicide, also known as aid-in-dying, and doctor prescribed death.

It wasn't supposed to be this way. Pundits, newspapers, and suicide proponents assured us that Washington's Death with Dignity Act, (DWDA) like Oregon's before it, was safe. Only those who wanted to commit doctor prescribed suicide would be affected by the Act, they said. It would be one choice among many, we were told. For vulnerable Washingtonians, nothing appears to be further from the truth.

With both states implementing draconian budget cuts on health care for the poor and reducing or eliminating "disability lifeline" support, the "choice" of doctor prescribed death appears to have become illusory. In these tough economic times, vulnerable people struggling with aging, illness, and disability are receiving the wrong message—that good care choices are few or nonexistent, but state-sponsored assisted suicide is cheap and readily available.

The consequence? In many counties, Washington and Oregon's suicide and senior suicide rates have climbed since the legalization of doctor prescribed death; both states have slashed services to persons with disabilities and the elderly; in both states desperate calls to advocacy organizations have increased. Health care professionals, including hospice workers, have spoken to me about the recent effects of budget cuts and health care changes on the lives of the terminally ill. Hospitals, I've been told, are now "dumping" very ill, even dying patients out into the community, into nursing homes or adult family homes ill-equipped to properly care for them. Patients and families are feeling more overwhelmed than ever, given less support, and less access to the care they need.

Into this context—the context of financial desperation, draconian budget cuts, and overwhelmed caregivers—we in Washington and Oregon have placed legalized assisted suicide. To imagine, as some suicide proponents claim, that authentic "choice" can really occur in such a climate, is to employ the worst sort of magical thinking, the sort that a three year old employs when, in wishing to become invisible, he or she imagines he or she *IS* invisible. Just because one *hopes* that Death with Dignity laws will not become the vehicle for abuse from unsavory government bureaucrats, an insurance company, or family members, does not make it so.

One recent call to *True Compassion Advocates* concerning an elderly woman with a disability, serious illness, and limited life expectancy is a case in point. The woman was paralyzed, being discharged prematurely from the hospital, and couldn't afford the specialized comfort care she needed. She'd been told by hospital staff that she would need to pay seven or eight hundred dollars a day to be in a facility that could meet her medical needs and assure her pain control and comfort care. According to this unfortunate woman and to a concerned relative, it wasn't truly her "choice" when she asked for doctor prescribed suicide under Washington's so-called Death

with Dignity Act. She didn't really want a lethal prescription; rather she desperately wanted to be cared for. She worried her children would be strapped with a big debt, was afraid her children would be angry with her if she racked up a huge bill before she died. One family member said he thought the woman was being "forced" into doctor prescribed suicide "because of the cost of care."

Being "forced" into considering doctor prescribed suicide doesn't sound much like choice, not for this unfortunate woman, and not for the many others like her who are invisible to the public eye and to the state's rudimentary death with dignity statistics, but quite real nonetheless. It certainly doesn't sound like the sort of aid-in-dying "choice" residents of Washington and Oregon were promised when they voted yes to doctor prescribed death. And yet, Washington and Oregon's assisted suicide statutes are upheld publicly and being exported to other states as paragons of individual choice, with nary a flaw. The truth appears to be quite a bit more complex: for some people, the "choice" of aid in dying is not a choice at all, but rather a "forced" decision resulting from increasing health care costs, reduced health care coverage, and worries about family finances.

One hopes the residents and legislators of Montana will head the warnings. Assisted suicide as practiced in Washington and Oregon is far different than it appears and far different than the marketing arms of suicide advocacy groups intimate. Until or unless Montana can assure the safety of residents from pressure to commit doctor prescribed suicide, they should defer from even considering such legislation. In tough economic times, with limited state financial resources, it's far more compassionate to provide care and ensure safety for vulnerable ill, elderly, and disabled persons rather than to provide the means for "forced" decisions to end their lives prematurely.

Our family was fortunate—Jack survived an assisted suicide request and went on to die naturally and comfortably many months later, on New Year's Day, as the sun peaked over the mountaintop, surrounded by all those he loved and all those that loved him. But for too many seniors in Washington and Oregon are dying prematurely, their fears of being a burden are realized as assisted suicide, the ultimate recipe for elder abuse, is implemented. Please keep Montanans safe. Vote in favor of Senate Bill 116, the Elder Abuse Prevention Act. Thank you.

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